

## **G7 Health Ministers' Communiqué**

**20 May 2022, Berlin**

1. We, the G7 Health Ministers, met in Berlin, Germany, on 19 and 20 May 2022, at an extraordinary time of multiple, acute crises. We affirm our common values as a strong basis of collaboration and responsibility in challenging times like these: We have a special responsibility to foster better health solutions for the G7, as well as for all people. We are committed to work in multilateral cooperation and partnership with other countries and stakeholders based on our shared values, as laid out in the G7 Leaders' Communiqué 2021 and other relevant G7 declarations. Participatory processes, including a whole-of-government and whole-of-society approach, in strong cooperation with civil society, are central to our work and to delivering improved health outcomes for all.

2. We condemn, in the strongest possible terms, Russia's unjustifiable, unprovoked and illegal war of aggression against Ukraine. Russia has blatantly violated the rules-based international order, international law and humanitarian principles and it has breached universally agreed and legally binding fundamental principles such as peaceful cooperation, sovereignty, self-determination and territorial integrity. We reiterate our constant call on Russia to put an end to the war it started and to end the suffering and loss of life it continues to cause. We underscore the significant disruptions of the Ukrainian health system caused by the Russian war of aggression, with hundreds of hospitals and health facilities damaged and destroyed by attacks, with thousands of health workers being displaced. Millions of displaced people currently have limited or no access to health services, and people are dying because of disrupted life-saving treatments. We are committed to supporting the government of Ukraine in their continued effort to protect the health of the Ukrainian people from public health threats. We will continue to support Ukraine with a view to strengthen the operation and the rebuilding of the health system now and in future and will closely coordinate our respective G7 endeavours as a central part of the G7 work in the second half of 2022. The COVID-19 pandemic is in its third year, and new variants and sub-variants continue to threaten progress we have made. The silent pandemic of antimicrobial resistance, and disruptions to routine health services, have set us further back from achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs), in particular SDG 3 on health and well-being. Climate change detrimentally impacts the health of all people, and our common future.

3. The multiple crises affect certain populations such as women and girls and those already experiencing health inequities based on race, culture, gender, age, socio-economic status, ability, and geographic location as well as those living with chronic

physical or mental illness. We will pay special attention to those groups and regions, develop gender-, age-, and culturally sensitive responses, and reduce health inequalities within and between communities, regions and countries. We need to strengthen health systems to restore essential health services for women and girls, including to address the COVID-19 pandemic's negative impacts on sexual and reproductive health and rights for all, including access to comprehensive sexuality education, contraception, and safe abortion and post-abortion care.

4. We commit to transparent decision-making and clear communication that is based on scientific evidence. The multiple crises that impact health require strategic foresight, connecting data from the human, animal and environmental sectors, and harnessing the strengths of digitalisation, which allows for new forms of analysis and more inclusive, agile cooperation. Therefore, we will improve the generation, exchange and application of scientific evidence, integrating the One Health approach, placing a special focus on surveillance, early detection and warning based on a specifically educated and trained pandemic workforce to strengthen the global network approach.

5. We recognise that the G7 plays an important role in taking forward lessons learned from COVID-19 and strengthening the global health architecture. We must strengthen our capacity to prevent, prepare for and respond to future global health emergencies and make further efforts to achieve universal health coverage. G7 Health Ministers discussed the important issue of vaccine equity in a joint session with G7 Development Ministers. We will continue our support for international organisations, and will increase our focus on the human-animal-climate-environment nexus through the One Health approach. We will continuously strive to close financing gaps recognised inter alia by the G20 Joint Finance-Health Taskforce, in part through a new financial intermediary fund for pandemic preparedness and response, and will continue to work in close collaboration with Finance Ministers. G7 Health Ministers welcomed having a discussion on global health issues in a joint session with G7 Finance Ministers and key international organisations.

6. We fully support the World Health Organization (WHO) and the crucial leadership, convening and coordination role it plays in global health, to strengthen multilateral cooperation and guide the world's prevention, preparation, detection and response to public health emergencies. We recognise that improving the way WHO is financed is essential if the organisation is to play the leadership role we all want to see. Therefore, we strongly support the recommendations of the WHO Working Group on Sustainable Financing that call for the development of budget proposals for an increase in flexible funding for WHO's base budget by raising the assessed contributions by WHO Member States. This is with the aspiration to reach the level of financing 50 % of WHO's 2022-2023 base budget through assessed contributions, by 2030-2031, while aiming to achieve

this by the biennium 2028-2029 concurrently with further reforms to strengthen the agility of WHO, and call on all other countries to support these recommendations at the World Health Assembly (WHA).

7. We have to ensure a more effective, better coordinated, inclusive, gender-responsive and age-sensitive, equity-driven and less fragmented global governance for pandemic prevention, preparedness and response, guided and coordinated by a strengthened WHO. Sustainable and reliable funding, as well as international cooperation and political commitment, are crucial to help prevent and prepare for future pandemics. To strengthen global cooperation on issues of concern to all we refer to the Foreign Ministers' Communiqué dated 14 May 2022 including Taiwan and believe it is vital to ensure inclusive processes in international organisations. The international community should be able to benefit from the experience of all partners.

## **Protecting all people from new variants and further outbreaks – G7 Pact for Pandemic Readiness**

8. We underline the need for the G7 to advance and optimise coordinated and targeted support and partnerships to strengthen global health security. We therefore support a G7 Pact for Pandemic Readiness. The Pact is a coordinated approach – building upon past and current initiatives and experiences – to strengthen and to align our efforts for worldwide pandemic readiness in close cooperation with WHO, supported by its partner organisations following the One Health approach. The Pact will support the advancement of a global network, based on local, national and regional proven structures, to enhance collaborative surveillance to detect emerging threats and predictable rapid response capabilities and capacities. We aim for a strengthened, highly qualified and trained public health workforce at all levels. In this regard, we will consider the white paper by WHO on strengthening the global architecture for health emergency preparedness, response and resilience.

9. As part of the G7 Pact for Pandemic Readiness, we commit to strengthening and supporting the development of integrated, interoperable and interdisciplinary surveillance and cross-sectoral surveillance capabilities that aim to cover all countries, multiple pathogens, antimicrobial resistance and human, animal, environmental, and climate-related inputs, as part of the One Health approach, to reduce the risk of future cross-sector health threats.

10. As part of the G7 Pact for Pandemic Readiness, we commit to continue building and strengthening cross-sectoral genomic sequencing networks and capabilities including for surveillance to detect new variants and pathogens as they arise in people, animals, both domesticated and wild, and environmental samples. By doing so we support WHO's 10-

year strategy for genomic surveillance of pathogens with pandemic and epidemic potential. Further, we commit to explore options to support national authorities in the efforts to implement non-invasive methods such as national wastewater surveillance systems, utilising the rapid improvements in the infrastructure for wastewater screening that has developed during the COVID-19 pandemic to support the detection of outbreaks as early as possible, screen for new SARS-CoV-2-variants and monitor the spread of infectious agents, such as SARS-CoV-2, poliovirus, influenza virus and drug resistant pathogens by 2024.

11. As part of the G7 Pact for Pandemic Readiness, we support the WHO Hub for Pandemic and Epidemic Intelligence and its innovations that will drive improved analytics and a linkage of data systems to predict, detect and address worldwide health threats. This will be done including by advancing efforts to strengthening surveillance and analysing data on potential outbreaks, including rapid and transparent cross-sectoral information and data-sharing also in relation to medical countermeasures, following the One Health approach. In this context, we also recognise the crucial and central importance of multi-stakeholder bodies such as the International Pathogen Surveillance Network (IPSN) and the Global Influenza Surveillance and Response System (GISRS) and collaboration among them and the WHO Hub.

12. We also welcome the recently announced operational definition of One Health by the work of the One Health High Level Expert Panel, endorsed by WHO, FAO, OIE and UNEP, and its forthcoming gap analysis and recommendations on monitoring and surveillance of emerging zoonotic diseases and priority activities, looking forward to considering the results of the One Health Intelligence Scoping Study as we agreed last year, as G7 Health Ministers, and we support the consideration of the inclusion of the One Health dimension in the new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. We encourage other initiatives aiming at strengthening the implementation of the One Health approach such as Zoonotic Disease Integrated Action (ZODIAC) and Preventing Zoonotic Disease Emergence (PREZODE).

13. While strengthening surveillance and intelligence systems for emerging infectious disease threats, we recognise the crucial importance of transparent global cooperation and national capacity building to assess outbreaks and risks more quickly and to respond to them in a concerted and more predictable manner as part of the G7 Pact for Pandemic Readiness. We stress our commitment to cooperate with WHO-led international expert-driven, timely, transparent and independent missions to investigate potential outbreaks or health emergencies of international concern. We aim at strengthening and fostering structures, including technologies and other tools, people and training programmes with up-to-date curricular, processes for public health risk assessment and rapid response to

support public health capacities and always-ready health emergency workforce, familiar with and trusted by the communities they serve. As part of the G7 Pact for Pandemic Readiness, we want to support the further enhancement of a global network of experts and trainings, including among others the further development of WHO's Global Outbreak Alert and Response Network (GOARN) and WHO's Academy and the related G20 Public Health Workforce Laboratorium. We also acknowledge the role of the WHO Scientific Advisory Group for the Origins on Novel Pathogens (SAGO). We underline that a highly qualified workforce is central for successful implementation of the International Health Regulations (IHR).

14. As the COVID-19 pandemic has demonstrated, we need to continue our efforts. Within the framework of the G7 Pact for Pandemic Readiness, we will build on the commitments made in the Leaders' Declaration at Elmau in 2015, and reiterated in subsequent years, to continue our support for low- and middle-income countries (LMICs) in implementing the core capacities required in the International Health Regulations (IHR) for another 5 years until 2027 toward our collective goal to assist at least one hundred countries implementing the IHR core capacities. This can be done through coordinated bilateral and multilateral work, including through existing initiatives such as the Global Health Security Agenda (GHSa), while recognizing the work of the Global Strategic Preparedness Network (GSPN) to emphasise, bridge, and match efforts for IHR implementation.

15. We underline the need to strengthen the monitoring of IHR implementation and IHR compliance. In this regard, we acknowledge the recent update of the State Party Self-Assessment Annual Report (SPAR) framework and welcome the upcoming 3<sup>rd</sup> edition of the WHO Joint External Evaluation IHR monitoring tool. We look forward to reviewing the findings of the first WHO pilot stage of the Universal Health and Preparedness Review (UHPR) which will be presented at the 75<sup>th</sup> WHA as a potential new whole-of-government and whole-of-society-based mechanism that could complement the existing IHR Monitoring and Evaluation Framework (MEF).

16. To implement the G7 Pact for Pandemic Readiness, we will follow up with the guidance of WHO and key stakeholders on these aforementioned initiatives in three meetings in the second half of 2022 in order to compile a general roadmap for G7 coordinated action, deciding on major principles for further practical cooperation.

17. Global health security must also be ensured through country and international capacity building in biosafety and biosecurity to protect from pathogen- and toxin-related risks. We reiterate the importance of using and further strengthening existing networks, such as the Global Health Security Initiative (GHSI) and the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction, to jointly analyse, assess and

counter further chemical, biological, radiological and nuclear (CBRN) threats in order to reinforce health emergency preparedness and response beyond pandemics.

18. We reiterate our support of the decision of the World Health Assembly Special Session in 2021 (SSA2(5)) to establish an intergovernmental negotiating body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response with a view to adopt under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB. We commit to supporting this global process to achieve its overall objective. In addition, we recognise the value of the IHR as a legal framework for global health security. In particular, the IHR underscores the role that country-level preparedness and response capacities can have in the world's ability to effectively respond to health emergencies that transcend borders. We therefore support strengthening the IHR through targeted amendments in an inclusive process as recommended by the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) to be considered at the 75<sup>th</sup> WHA.

## **Overcoming the COVID-19 pandemic in 2022**

19. To overcome the COVID-19 pandemic now, coordinated action and substantial acceleration is still needed in order to ensure global equitable access to safe, effective, quality-assured and affordable vaccines, therapeutics and diagnostics (VTD), and advance towards the WHO COVID-19 target of vaccinating at least 70 % of the population in all countries while adapting to local contexts and needs, focusing on reaching the most vulnerable. G7 members have so far pledged 18.3 billion USD to Access to COVID-19 Tools Accelerator (ACT-A), of which 12.36 billion USD has been pledged to COVAX. G7 members at Carbis Bay furthermore pledged 870 million vaccine doses, mostly to COVAX. We underline our support for all four pillars of the Access to COVID-19 Tools Accelerator (ACT-A), including its COVAX facility and recognise that supporting ACT-A by all means, including with adequate funding, is central to end the acute pandemic, as laid out in the G7 Foreign Ministers' Action Plan. We will step up our support to address the barriers to vaccine rollout, including by supporting logistics and delivery, strengthening health systems and by supporting health care workers especially in Africa and in low- and middle-income countries (LMICs), where vaccination rates are still low. As multiple variants have shown, the pandemic is far from being over anywhere until it is over everywhere.

20. Local and regional research, development and manufacturing capacities need to be scaled up along with more sustainable supply and distribution mechanisms in order to support faster, equitable, global access to safe and effective medical countermeasures. We stress the importance of expanding sustainable vaccine, therapeutic and diagnostic

manufacturing production in LMICs, in close cooperation with industry and in a manner that ensures sustainability between emergencies. Considering the importance of ensuring the quality, safety and effectiveness of vaccines, therapeutics and diagnostics, which are most sensitive with regards to their production, it must be accompanied by corresponding capacity building to ensure appropriate regulatory systems and quality control mechanisms. We are willing to support this endeavour through sharing of regulatory expertise and best practices. We welcome and support the work of WHO, the Medicines Patent Pool, the private sector, and others to establish the mRNA vaccine technology transfer hub in South Africa and extend its spokes globally.

21. We acknowledge that increased investments are required to develop new vaccines faster, while ensuring their safety, effectiveness and quality. Building upon the 100 Days Mission – supporting science in a mission to develop safe and effective vaccines, therapeutics and diagnostics within 100 days of a declaration of a public health emergency of international concern (PHEIC) – we therefore support initiatives aiming to facilitate the deployment of such instruments, such as the 100 Days Mission, to support science and innovation. We support the role of organisations contributing to develop safe and effective vaccines, such as the Coalition for Epidemic Preparedness Innovations (CEPI), alongside our relevant authorities such as the US Biomedical Advanced Research and Development Authority (BARDA) and the EU Health Emergency Preparedness and Response Authority (HERA). We welcome the discussions and lessons learned from the tabletop exercise “Every Day Counts” hosted by the German Federal Ministry of Education and Research, CEPI, and Johns Hopkins Center for Health Security, which was a side event of the Munich Security Conference and focused on accelerating the development and worldwide availability of safe and effective vaccines. We will continue working to achieve this goal and make the necessary investments.

22. We note that mid- and longer-term health impacts of COVID-19 are increasingly evident, both within the G7 and around the world, and are widening inequities. We will continue our work on understanding post COVID-19 symptoms and to address negative mental health impacts and substance-use-related harms, including on health and care workers, as well as to take strong action against the increases in domestic and gender-based violence, which disproportionately affects women and children. We are concerned about the detrimental impact of COVID-19 on routine health services such as postponement of surgical interventions, a decline in preventive medical check-ups, interrupted routine vaccination campaigns, and setbacks in the fight against other infectious and non-communicable diseases and endemic and emerging AMR, all of which demonstrate the need for continued focus on building sustainable, resilient and inclusive health systems.

23. We recognise challenges regarding vaccine confidence and uptake, the use of non-pharmaceutical protection measures and mis- and disinformation. We, as G7, commit to tackling these challenges by better informing and supporting all parts of society, especially where inequalities may exist, including through supporting context-adapted, science-based information campaigns and strategies to improve vaccine confidence and address access barriers.

## **Tackling the “silent pandemic” of antimicrobial resistance**

24. Antimicrobial resistance (AMR), and in particular resistance of bacteria to antibiotics (antibiotic resistance), is an urgent public health and socio-economic problem that has a profound effect on the world causing an estimated 1.27 million deaths attributable to antibiotic resistance in 2019. Modern medicine depends on effective antibiotics. The impact of drug resistance could affect people anywhere. Moreover, inappropriate use of antibiotics further exacerbates AMR. The World Bank estimates that up to 3.8 % of global GDP could be lost due to AMR by 2050. Although the risks of AMR are shared by all countries globally, low- and middle-income countries bear a more significant burden of infectious disease and will be most adversely affected by AMR. Building on previous G7 commitments, alongside those in the WHO AMR Global Action Plan, we acknowledge AMR as a shared responsibility and we commit to intensifying our activities and to take further urgent and tangible action in order to address AMR. We are convinced that the time to act is now.

25. We acknowledge that AMR further emerges and spreads at the human, animal, plant and environment interface and requires an integrated One Health approach. We will lead by example and commit to contributing to establishing new and/or improving existing national integrated surveillance systems on AMR and antibiotic use in the human, animal and plant production and environmental sectors, in cooperation with WHO, FAO, OIE and UNEP, enhancing the scientific basis to inform risk assessments and identify opportunities for mitigation. This data will form the basis for further targeted measures and evidence-based information campaigns at national level that follow the One Health approach. We welcome Germany’s proposal to host an expert meeting of the G7 on how best to establish such surveillance systems in autumn 2022.

26. We commit to continue our contribution to and collaboration through the WHO’s Global Antimicrobial Resistance and Use Surveillance System (GLASS). We recognise the importance of antimicrobial stewardship in the food chain as a fundamental part of safeguarding human, animal and environmental health. We welcome the Codex Alimentarius “Guidelines on Integrated Monitoring and Surveillance of Foodborne Antimicrobial Resistance” (CXG 94-2021) and the “Code of Practice to Minimise and



Contain Foodborne Antimicrobial Resistance” (CXC 61-2005) as important steps towards reducing AMR in line with the One Health approach.

27. We reiterate our commitment to promote the prudent and appropriate use of antimicrobials (i. e. antimicrobial stewardship) and access to new and existing antimicrobials under the One Health approach in order to preserve effective treatment for current and future generations. To promote the prudent and appropriate use of antimicrobials, we will encourage antimicrobial stewardship, including strengthening prescription practices in line with appropriate use, their availability by prescription only, and education across all relevant human health sectors, and with a focus on equity and socio-behavioural evidence to encourage prudent use practices. To be able to assess the progress of our efforts, we will define national measurable targets on AMR in line with domestic authorities, including antibiotic usage in human health (both volume and appropriateness, whenever possible), with the aim of having them in place preferably by the end of 2023.

28. We commit to strengthening and assessment of the implementation of Infection Prevention and Control (IPC) programs across the One Health spectrum, in particular for health care facilities in line with the IPC minimum requirements identified by WHO, taking into account the learnings from and response investments during the COVID-19 pandemic, and recognise the importance of water, sanitation and hygiene (WASH) as a key element in AMR prevention and response. We will support other countries within the framework of existing programs, (e.g., through the exchange of best practice examples) to strengthen IPC capacity in health care facilities. We welcome the recently published first WHO Global Report on Infection Prevention and Control. WHO’s new report shows that where good hand hygiene and other cost-effective practices are followed, 70 % of healthcare-associated infections during hospital stays can be prevented. We note ongoing work by WHO and OECD to prepare the upcoming report on IPC and present it at the World Health Summit in Berlin in October.

29. We note with concern that delayed diagnosis and management and/or ineffective or unavailable antibiotic treatment leading to sepsis is killing an estimated 11 million people per year globally. We will intensify our efforts to strengthen early detection, diagnosis and therapy of sepsis and ensure synergy with antimicrobial stewardship and IPC programmes, e.g., through national educational campaigns, and boost the implementation of the WHA Resolution “Improving the Prevention, Diagnosis and Clinical Management of Sepsis” (WHA Res. 70.7). We are committed to supporting LMICs to strengthen prevention through capacity building where appropriate, and access to diagnosis and treatment for resistant infections.

30. We recognise the urgent need to foster innovation and to strengthen the research and development (R&D) pipeline. We therefore highlight the importance of accelerating the

early and late-stage development of urgently needed new antimicrobial drugs, vaccines, alternative therapeutics and diagnostics. We value and support initiatives such as the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) and the Global Antibiotic Research and Development Partnership (GARDP) and will continue national and international efforts on AMR research and development for new therapeutics, vaccines and diagnostics. We underline the importance of closing GARDP's funding gap to facilitate GARDP's "5 by 25"-Initiative for the delivery of five new treatments by 2025.

31. We acknowledge that it is essential to ensure a sustainable market for existing as well as new antibiotics. This includes appropriate steps to address antibiotic market failure and to ensure the commercialisation and provision of existing and new antibiotics for unmet public health needs while taking into account stewardship and equitable access. Building on the G7 Finance Ministers' Statement of 2021 on Action to Support Antibiotic Development, we commit to expedite implementation of existing strategies and to take additional specific and appropriate steps in our domestic markets and health systems, underpinned by the 2021 G7 Shared Principles for the Valuation of Antimicrobial Therapeutics. Recognising country-specific circumstances and member state competences, we will explore a range of market incentive options, with a particular emphasis on supporting relevant pull incentives. We welcome the progress update by the Global AMR R&D Hub and the WHO to support and strengthen the work on pull incentives. We welcome the SECURE initiative's pilot project to overcome critical access limitations to essential old and new antibiotics in low- and middle-income countries and to promote stewardship and improve their market situation alike.

32. We recognise that nearly 90 % of countries have developed a multi-sectoral national action plan on AMR. However, only 20 % have identified funding for implementing and monitoring these plans. To address this main challenge at country level and to facilitate the mobilisation of domestic and external financing, we support the development of national investment cases on AMR response across all sectors in LMICs. We call upon the Quadripartite (FAO, OIE, WHO, and UNEP) to facilitate these investment cases in collaboration with relevant stakeholders. We call on WHO to develop guidance on a costed core package of AMR interventions that all countries, and especially LMICs could include within their primary health care (PHC) strengthening initiatives. We welcome the work of the AMR Multi-Partner Trust Fund, which focuses on development financing to support implementation of One Health National Action Plans, and support to this Fund on a voluntary basis. Finally, we look forward to the launch by the Quadripartite Alliance of the AMR multi-stakeholder partnership platform, which will mobilise all stakeholders in an inclusive manner. Assessment is critical for ensuring that resources are effectively targeted. We commit to annual assessment using the Tripartite AMR Country Self-Assessment Survey (TrACSS) tool.

## Climate-resilient and sustainable, climate-neutral health systems

33. As the G7 Health Ministers, we acknowledge the importance of combating climate change to protect health: climate protection equals health protection. Climate change is already affecting the health of people, animals and ecosystems globally, and robust projections indicate increasingly negative health impacts. Climate change exacerbates both directly and indirectly heat-related illnesses and premature deaths and can increase the burden of disease from infectious and non-communicable diseases. We acknowledge that the impacts of climate change may also increase risks to mental health and well-being. Higher frequency and intensity of extreme weather events such as heatwaves, wildfires and floods, as experienced by many of our countries as well as others, place additional stress on populations, the capacity of the health systems and critical infrastructures of public health. Further, climate change and the related biodiversity loss are some of the drivers increasing the risk of zoonoses, and therefore increasing the risk of future pandemics. Land degradation and desertification also challenge the resilience of health systems.

34. We recognise that climate action aligned with the goals and targets of the Paris Agreement including the goal of keeping 1.5°C within reach could save millions of lives and lead to improvements in air quality, positive impacts on ecosystems and biodiversity. We encourage climate decision-making processes to account for direct health effects and health co-benefits connected especially with clean air, healthy diets and physical activity, and advance their socio-economic evaluation. It is critical that health expertise is centrally involved in climate decision-making processes at all levels, taking a One Health approach, to ensure that health and equity considerations are well understood and accounted for when developing climate policies.

35. We acknowledge the key role of the health sector for climate adaptation, the need for more climate-aware health sector planning, and the need for health systems worldwide to become more environmentally sustainable, better prepared for and more resilient to multiple concurrent threats such as climate change, pandemics, and other risks in order to protect populations from environmental threats and respond to and prevent adverse health effects alongside mitigating indirect socio-economic impacts. We recognise the disproportionate effects on marginalised and vulnerable groups and the importance of reducing health inequalities. As climate change impacts can vary greatly at the local level, we also recognise and support locally and community-driven actions to protect health.

36. To strengthen the climate resilience, sustainability and to achieve climate neutrality of our health systems, we commit to generating, harnessing and pooling scientific evidence, monitoring of both impacts and effectiveness of solutions, and increasing information and knowledge sharing. We will also provide support for the development and exchange

of evidence-based, efficient, effective and inclusive resilience measures at local and national levels. We will also encourage other countries to develop climate-resilient health systems through actions such as the expansion of international dialogue, cooperation in research, and capacity building to support climate adaptation. By achieving climate-resilient health systems, the health sector will be in a stronger position to advocate for other sectors to pursue the same goal.

37. We aim to build climate-informed health systems and surveillance systems that integrate socio-demographic, climate, environmental and animal and human health data as well as early warning systems, foresight modelling, and risk assessments to enable early detection and responses to climate-sensitive health risks and disease outbreaks nationally and globally. We will promote the development and dissemination of data and evidence.

38. We commit to advancing the integration of adaptation to climate change and environment-related health impacts into care and the expansion of prevention efforts. We aim to include climate change-related aspects into the education and training of health care and public health professionals. We promote the planning and conducting of climate change, health vulnerability and adaptation assessments, sharing best practices, building capacity and specifying interventions to increase resilience and protect population health. Additionally, as national public health institutes are key players in strengthening environmental health protection, we will promote the collaboration of the G7 public health institutes on climate and environmental health impacts. We also support the Roadmap for Action on Health and Climate Change of the International Association of National Public Health Institutes (IANPHI).

39. We acknowledge that mitigating the effects of climate change by reducing greenhouse gas emissions can have significant health co-benefits. As such, health care systems need to be part of climate change mitigation and nature-positive transition efforts. We acknowledge the unsustainable footprint health care systems including medical supply chains can have and commit to supporting more sustainable supply chains from production to end of life. We welcome with strong appreciation the joint initiative of WHO and the UK Presidency of COP26 on climate-resilient and sustainable low-carbon health systems. We aim to build environmentally sustainable and climate-neutral health systems at the latest by 2050 and to support other countries in this effort. This can be supported through the use of emissions accounting systems for the health care sector, which can serve as a basis for developing roadmaps to achieve climate-neutral health care systems. We will also support other countries to develop their climate neutral health systems by enhancing dialogue, knowledge sharing and capacity building. We welcome the important work of WHO and other agencies in providing guidance and expertise to countries for the development of climate-neutral health systems.